STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

NURSING PRACTICE COMMITTEE MEETING

AGENDA

Four Points by Sheraton
4900 Duckhorn Dr.
Sacramento CA. 95834

March 6, 2013

Wednesday March 6, 2013 – 2:00 pm – 3:00 pm

10.0 Review and Accept Minutes
- January 9, 2013

10.1 Approve / not approve advisory statements for RNs and APRNs
1. Elective Cosmetic Medical Procedures or Treatments: Med Spa
2. Proposed Regulation: Physician Availability: Elective Cosmetic Procedures

10.2 Review and Discuss Practice Committee Goals and Objectives 2013-2014 to provide for continuing information on nursing practice in California.

10.3 Public Comment for Items Not on the Agenda

NOTICE:
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Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd.#150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (916) 322-1700). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.

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NURSING PRACTICE COMMITTEE MEETING MINUTES

January 9, 2013

Ayers Hotel
325 Bristol Street
Costa Mesa, CA 92626

Members Present: **Trande Phillips, RN, Chair**
Cynthia Klein, RN, direct practice member
Michael Jackson, BSN, RN, CEN, MICN

Staff Present: **Janette Wackerly, MBA, RN, SNE**
Liaison to the Practice Committee

Wednesday, January 9, 2013 at 1:00 – 2:00 p.m

Trande Phillips, RN, Chair, direct practice member, opened the meeting. The committee members introduced themselves:

Cynthia Klein, RN, direct practice member
Michael Jackson, BSN, RN, nurse educator

10.0 Review and Accept Minutes

- October 30, 2012

MSC: Klein/Jackson voted to accept meeting minutes of October 30, 2012

10.1 Informational Only:

Residency Program and Transitional Care Program, speaker Nikki West, MPH, Program Director California Institute for Nursing & Health Care. (Powerpoint materials are attached to this meeting minutes report.)

10.2 Public Comment

DeAnn Mcewen RN Co-President CNA
Trisha Hunter RN ANA/C
Mary O'Connor Healthworkforce Initiate, Transition to Practice
Jeanne King RN SEIU

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Transition to Practice Programs – Helping Nurses Find Jobs

BRN Nursing Practice Committee
January 9, 2013

Organized through CINHC: CA Nursing Workforce Center

- Began program work in 2003
- Established to ensure that California has the nursing workforce needed to meet the health care needs of the state
- Focus continues on nursing workforce issues

RN Job Growth Picture

- CA EDD forecasts that ~ 10,500 new nurses needed annually for growth and replacement through 2018
- In 2011, there were 10,666 newly graduated nurses in CA
- Demand/pipeline is in balance

Hiring dilemma of new graduate RNs... gathering data

- Capacity has been built and stabilized
- Due to the economic recession, new graduate RNs are having difficulty finding RN positions
- Hospital and new graduate surveys indicate approximately 40% of CA new graduates were not employed as RNs
- Barriers cited by new graduate RNs: no experience - 92%; no positions – 54%
- 80% indicated interest in participating in an internship if available; 76% would work in non-acute setting

Forming Transition to Practice Programs

- National work – NCSBN Transition to Practice model and study
- Review of existing evidence
- Regional forums were held across California to review survey information and discuss solutions

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Transition to Practice Program Goals

- Keep new graduate RNs engaged in the workforce
- Provide increased experience
- Offer guided mentoring and education
- Improve chances of employability
- Meet regional nursing workforce needs

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Transition Program Common Characteristics

- Post-licensure...RN participants have passed NCLEX
- Housed within a school of nursing with participants enrolled as students
- Receive academic credit or continuing education credit
- 12 to 18 weeks in length, minimum 24 hours per week
- Training for various clinical settings
- Clinical partners and schools develop curriculum

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Transition Program Common Characteristics

- Incorporate clinical, didactic, simulation lab, and web based learning with a focus on patient safety and patient advocacy
- Clinical partners provide mentors and special topic lecturers
- Schools of nursing provide liability coverage and faculty
- Training made available to mentors
- Evaluate employability and improved competence and confidence based on common evaluation tool
- Award common Certificate of Completion

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Transition to Practice Pilot Projects

Nursing schools partners included:

- A collaboration of schools including Evergreen Community College and San Jose State University
- California State University, East Bay
- Samuel Merritt University
- University of San Francisco

Findings from Pilot Projects

- Data analysis demonstrated increased competencies and confidence
- Employment rates were higher (over 80%) than the overall rate of new graduate nursing employment (at 43%), with participants earning positions as staff nurses in acute and non-acute settings

Statewide Replication

- 26 school/clinical site Transition to Practice partnerships have formed in CA using the framework of the pilot sites
- 13 programs are offered through community colleges
- Each uses core evaluation tools; CINHC working with programs to ensure consistency in collecting data and to analyze data regarding impact of programs and provide Certificate of Completion
- >900 new graduate RNs have participated since Winter 2010

Next Steps...

- Continue with replication of Transition to Practice Programs using same evaluation tools and principles
- Work with other groups exploring impact of similar programs to identify benefits and potential role (staying in touch with NCSBN and its Transition to Practice study)
- Explore and offer programs in primary care, home health, hospice, school nursing, and long-term care

Contact Information

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663 13th Street, Suite 300; Oakland, CA 94612
(510) 832-8400 www.cinhc.org

Nikki West, MPH, Program Director, CINHC
nikki@cinhc.org

Judith G. Berg, RN, MS, FACHE, Executive Director, CINHC judee@cinhc.org

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NURSING PRACTICE COMMITTEE MEETING Minutes

October 30, 2012

Doubletree by Hilton, Berkeley Marina
200 Marina Blvd.
Berkeley, CA 94710
(510) 548-7920

Members Present: **Trande Phillips, RN, Chair**
Cynthia Klein, RN, direct practice member
Michael Jackson, BSN, RN, CEN, MICN

Staff Present: **Janette Wackerly, MBA, RN, SNE**
Liaison to the Practice Committee

Tuesday, October 30, 2012 at 3:00 pm

Trande Phillips, RN, Chair, direct practice member, opened the meeting. The committee members introduced themselves:

Cynthia Kline, RN, direct practice member
Michael Jackson, BSN, RN, nurse educator

10.0 Review and Accept Minutes

- August 29, 2012

MSC: Klein/Jackson voted to accept meeting minutes of August 29, 2012

10.1 Information Only:
Residency Program and Transitional Care Program speaker, Nikki West, MPH, Program Director California Institute for Nursing & Health Care

This agenda item was moved to the January 9, 2013 meeting of the Practice Committee.

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10.2 Approve/not approve advisory statements for registered nursing: RN, NP, and CNM

Registered Nursing Advisories:

a. Authorization for RNs to dispense drugs and devices on the order of an NP, CNM and PA in a licensed primary care clinic.

MSC: Klein/Phillips voted to accept the advisory

An amendment to BPC Section 2725.1 authorizes a RN to dispense drugs and devices on the order of a licensed physician and an order issued by an NP, CNM, and PA if the registered nurse is functioning in a licensed primary care clinic as specified.

Section 2725.2 is a new provision added to BPC wherein a RN may dispense self-administer hormonal contraceptives approved by the Federal Drug Administration (FDA) and may administer injection of hormonal contraceptives approved by the FDA in strict adherence to standardized procedures developed in compliance with subdivision (c) of Section 2725. (BPC Nursing Practice Act) Effective: January 1, 2013

b. Emergency Medical Services: Immunity for RNs.

MSC: Jackson/Klein voted to accept the advisory

As of January 1, 2013, an amendment to Section 1799.106 of the Health and Safety Code will extend described liability limits applicable to registered nurses when providing emergency medical services at the scene of an emergency or during emergency air or ground ambulance transport. Currently the described liability limits apply to firefighters, police officers, or other enforcement officers, and emergency medical technicians, EMT-I, EMT-II, EMT-P who render emergency services during an emergency air or ground transport.

Nurse Practitioner and Nurse-Midwives Advisories

a. NP and CNM: Change in Requirement for Physician and Surgeon Supervision for Furnishing. (Section 2746.51 Nurse-Midwife Furnishing and Section 2836.1 Nurse Practitioner Furnishing of the Business and Professions Code)

MSC: Jackson/Klein voted to accept advisory

As of January 1, 2013 the amendment to Section 2746.1 CNM and Section 3836.1 NP would authorize the physician and surgeon to determine the extent of supervision for the CNM and NP in connection with furnishing or ordering drugs and devices. The amendment deletes the requirement for CNM and NP furnishing supervision requirement of at least 6 months. A course in pharmacology continues to be required.

b. Advanced Practice Registered Nurse – Vehicle Code: Medical Examination

MSC: Jackson/Klein voted to accept the advisory update

The Department of Motor Vehicles notified the BRN that Section 12517.2 of the Vehicle Code has been updated. A new version of the California Medical Examination Report

(DL 51) items added, that are mandated by Federal Motor Carrier Safety Regulations (FMCSR) Electronic version of DL 51 Medical Examination Report, can be downloaded from the department's website http://app.dmv.ca.gov/form/dl51.pdf.

A licensed advanced practice registered nurse who is qualified to perform a medical examination, or a licensed physician assistant is now authorized to perform a medical examination, of an applicant for an original or renewal certificate to drive a school bus, school activity bus, youth bus, general public para-transit vehicle, or farm labor vehicle. This update was applied on January 1, 2012.

c. Tribal Health Programs– Healthcare Practitioners

MSC: Jackson/Klein voted to accept the advisory

As of January 1, 2013 the Business and Professions Code Section 719 is an act to codify federal requirements by specifying that a health care practitioner in any other state and employed by a tribal health program is exempt from any state licensing requirement with respect to acts authorized under the person's license where the tribe health program performs specific services. A person licensed as a health care practitioner in any other state and employed by a tribal health program shall be exempt from any licensing requirement (described in Article 10 (commencing with Section 710) of Chapter 1 of Division 2 of the Business and Profession Code) with respect to acts authorized under the person's license where the tribal health program performs the service described in the contact or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act.

General Advisories

a. Academic Credit for Prior Military Academic Experience (Section 66025.7 of the Education Code)

MSC: Phillips/Jackson voted to accept advisory

By July 1, 2015, the Chancellor of the California Community Colleges, using common course descriptors and pertinent recommendations of the American Council on Education, shall determine for which courses credit should be awarded for prior military experience.

b. b. Waiver of Active Duty Military/Reservist Licensee Renewal Fees and CEUs (Business and Professions Code Section 114.3)

MSC: Jackson/Klein voted to accept the advisory

As of January 1, 2013, this bill requires the boards as described within, with certain exceptions, to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, of any licensee or registrant who is called to active duty as a member of the United States Armed Forces or the California National Guard, if certain requirements are met.

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c. Military Spouses – Expedited Licensure (Business and Professions Code Section 115.5)

MSC: Klein/Jackson voted to accept the advisory

As of January 1, 2013 it will be required that a board within the department will expedite the licensure process for an applicant who holds a license in the same profession or vocation, in another jurisdiction and is married to, or in a legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

c. California Private Postsecondary Education Act – Prohibition of Non-Disclosure of Accreditation Status (Section 94897 of the Education Code)

MSC: Jackson/Klein voted to accept the advisory

As of January 1, 2013, this act prohibits the offering of associate, baccalaureate, and master's degree programs without disclosing that the institution or specified degree program is unaccredited, and would list specified limitations of the degree program whose disclosure the bill would require.

10.3 Public Comment for Items Not on the Agenda

Reviewed and Accepted:

Trande Phillips, RN; Direct Patient Care Member

Janette Wackerly, MBA; RN; SNEC

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Registered Nurses and Advanced Practice Nurses

Elective Cosmetic Medical Procedures or Treatments: Med Spa

Legislation enacted during 2011-2012 Session

Assembly Bill 1548, (Carter) Chapter 140 is an act to add Section 2417.5 to the Business and Professions Code, relating to practice of medicine, cosmetic surgery, employment of physicians and surgeons.

Approved by Governor Edmund G. Brown, Jr., July 17, 2012. Filed with the Secretary of State July 17, 2012. This amendment to the law increases the penalties for illegally owning and operating a medical spa.

Current law already requires that medical businesses operating in California be owned by a physician or owned at least 51 percent by a physician and the remainder by a licensed practitioner, such as a nurse. Additionally, patients must be examined by a physician or an advanced practitioner, such as a nurse, or a physician assistant, before treatments are administered.

This bill, with respect to business organization that provide outpatient elective cosmetic procedures or treatments, that are owned and operated in violation of the prohibition against employment of licensed physician and surgeon and podiatrist, and contracts with or employs these licensees to facilitate the offer or provision of procedures or treatments that may only be provided by these licensees, would make that business organization guilty of a violation of the prohibition against knowingly making or causing to be made any false or fraudulent claim of payment of a health care benefit.

The Medical Practice Act restricts the employment of licensed physicians and surgeons and podiatrists by a corporation or other artificial legal entity, subject to specific exemptions. Existing law makes it unlawful to knowingly make, or cause to make, any false or fraudulent claim for payment of health care benefit, or to aid, abet, solicit, or conspire with any person to do so, and makes a violation of this prohibition public offense.

THE PEOPLE OF CALIFORNIA DO ENACT AS FOLLOWS:

Section1. The Legislature finds and declares that the Medical Practice Act prohibits corporations and other artificial legal entities from exercising professional rights, privileges, or powers, as described in Article 18, (commencing with Section 2400) of Chapter 5 of Division 2 of the Business and Professions Code, and that the prohibited conduct described in Section 2417.5 of the Business and Professions Code, as added by this act, is declaratory of existing law.

Sec.2. Section 2417.5 is added to the Business and Professions Code to read:

2417. (a) A business organization that offers to provide, or provides, outpatient elective cosmetic medical procedures or treatments, that is owned and operated in violation of Section 2400, and that contracts with or otherwise employs, a physician and surgeon to facilitate its offers to provide, or the provision of, outpatient elective cosmetic medical procedures or treatment that may be provided only by the holder of a valid physician's and surgeon's certificate is guilty of violation paragraph (6) of Section 550 of the Penal Code.

(b) For purposes of this section, "outpatient elective cosmetic medical procedures or treatments" means medical procedures or treatments that are performed to alter or reshape normal structures of the body solely in order to improve appearance.

(c) Nothing in this section shall be construed to alter or apply to arrangements currently authorized by law, including but not limited to, an entity operating a medical facility or other business authorized to provide medical services under Section 1206 of the Health and Safety Code.

Sec.3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.

Assembly Bill No. 1548

CHAPTER 140

An act to add Section 2417.5 to the Business and Professions Code, relating to the practice of medicine.

[Approved by Governor July 17, 2012. Filed with Secretary of State July 17, 2012.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1548, Carter. Practice of medicine: cosmetic surgery: employment of physicians and surgeons.

Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs, which licenses physicians and surgeons and regulates their practice.

The Medical Practice Act restricts the employment of licensed physicians and surgeons and podiatrists by a corporation or other artificial legal entity, subject to specified exemptions. Existing law makes it unlawful to knowingly make, or cause to be made, any false or fraudulent claim for payment of a health care benefit, or to aid, abet, solicit, or conspire with any person to do so, and makes a violation of this prohibition a public offense.

This bill, with respect to a business organization that provides outpatient elective cosmetic medical procedures or treatments, that is owned and operated in violation of the prohibition against employment of licensed physicians and surgeons and podiatrists, and that contracts with or employs these licensees to facilitate the offer or provision of procedures or treatments that may only be provided by these licensees, would make that business organization guilty of a violation of the prohibition against knowingly making or causing to be made any false or fraudulent claim for payment of a health care benefit. The bill would prohibit construing its provisions to alter or apply to any arrangements currently authorized by law. Because the bill would expand a public offense, it would impose a state-mandated local program.

This bill would state that its provisions are declaratory of existing law.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares that the Medical Practice Act prohibits corporations and other artificial legal entities from exercising professional rights, privileges, or powers, as described in Article 18 (commencing with Section 2400) of Chapter 5 of Division 2 of the Business and Professions Code, and that the prohibited conduct described in Section 2417.5 of the Business and Professions Code, as added by this act, is declaratory of existing law.

SEC. 2. Section 2417.5 is added to the Business and Professions Code, to read:

2417.5. (a) A business organization that offers to provide, or provides, outpatient elective cosmetic medical procedures or treatments, that is owned or operated in violation of Section 2400, and that contracts with, or otherwise employs, a physician and surgeon to facilitate its offers to provide, or the provision of, outpatient elective cosmetic medical procedures or treatments that may be provided only by the holder of a valid physician's and surgeon's certificate is guilty of violating paragraph (6) of subdivision (a) of Section 550 of the Penal Code.

(b) For purposes of this section, "outpatient elective cosmetic medical procedures or treatments" means medical procedures or treatments that are performed to alter or reshape normal structures of the body solely in order to improve appearance.

(c) Nothing in this section shall be construed to alter or apply to arrangements currently authorized by law, including, but not limited to, any entity operating a medical facility or other business authorized to provide medical services under Section 1206 of the Health and Safety Code.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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Senate Bill No. 100

CHAPTER 645

An act to amend Section 2023.5 of the Business and Professions Code, and to amend Sections 1248, 1248.15, 1248.2, 1248.25, 1248.35, 1248.5, 1248.7, and 1248.85 of the Health and Safety Code, relating to healing arts.

[Approved by Governor October 9, 2011. Filed with Secretary of State October 9, 2011.]

LEGISLATIVE COUNSEL'S DIGEST

SB 100, Price. Healing arts.

(1) Existing law provides for the licensure and regulation of various healing arts practitioners by boards under the Department of Consumer Affairs. Existing law requires the Medical Board of California, in conjunction with the Board of Registered Nursing, and in consultation with the Physician Assistant Committee and professionals in the field, to review issues and problems relating to the use of laser or intense light pulse devices for elective cosmetic procedures by their respective licensees.

This bill would require the board to adopt regulations by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using certain laser or intense pulse light devices for elective cosmetic procedures.

(2) Existing law requires the Medical Board of California, as successor to the Division of Licensing of the Medical Board of California, to adopt standards for accreditation of outpatient settings, as defined, and, in approving accreditation agencies to perform this accreditation, to ensure that the certification program shall, at a minimum, include standards for specified aspects of the settings' operations. Existing law makes a willful violation of these and other provisions relating to outpatient settings a crime.

This bill would include, among those specified aspects, the submission for approval by an accreditation agency at the time of accreditation, a detailed plan, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery. This bill would, as part of the accreditation process, authorize the accrediting agency to conduct a reasonable investigation, as defined, of the prior history of the outpatient setting. The bill would also modify the definition of "outpatient setting" to include facilities that offer in vitro fertilization, as defined. By changing the definition of a crime, this bill would impose a state-mandated local program.

Existing law also requires the Medical Board of California to obtain and maintain a list of all accredited, certified, and licensed outpatient settings, and to notify the public, upon inquiry, whether a setting is accredited, certified, or licensed, or whether the setting's accreditation, certification, or license has been revoked.

This bill would, instead, require the board to obtain and maintain the list for all accredited outpatient settings, and to notify the public, by placing the information on its Internet Web site, whether the setting is accredited or the setting's accreditation has been revoked, suspended, or placed on probation, or the setting has received a reprimand by the accreditation agency.

Existing law requires accreditation of an outpatient setting to be denied if the setting does not meet specified standards. Existing law authorizes an outpatient setting to reapply for accreditation at any time after receiving notification of the denial.

This bill would require the accreditation agency to report within 3 business days to the Medical Board of California if the outpatient setting's certificate for accreditation has been denied. Because a willful violation of this requirement would be a crime, the bill would impose a state-mandated local program. The bill would also apply the denial of accreditation, or the revocation or suspension of accreditation by one accrediting agency, to all other accrediting agencies.

Existing law authorizes the Medical Board of California, as successor to the Division of Medical Quality of the Medical Board of California, or an accreditation agency to, upon reasonable prior notice and presentation of proper identification, enter and inspect any accredited outpatient setting to ensure compliance with, or investigate an alleged violation of, any standard of the accreditation agency or any provision of the specified law.

This bill would delete the notice and identification requirements. The bill would require that every outpatient setting that is accredited be inspected by the accreditation agency, as specified, and would specify that it may also be inspected by the board and the department, as specified. The bill would require the board to ensure that accreditation agencies inspect outpatient settings.

Existing law authorizes the Medical Board of California to evaluate the performance of an approved accreditation agency no less than every 3 years, or in response to complaints against an agency, or complaints against one or more outpatient settings accreditation by an agency that indicates noncompliance by the agency with the standards approved by the board.

This bill would make that evaluation mandatory.

Existing law authorizes the board or the local district attorney to bring an action to enjoin a violation or threatened violation of the licensing provisions for outpatient settings in the superior court in and for the county in which the violation occurred or is about to occur.

This bill would require the board to investigate all complaints concerning a violation of these provisions and, with respect to any complaints relating to a violation of a specified provision, or upon discovery that an outpatient setting is not in compliance with that specified provision, would require the board to investigate and, where appropriate, the board, through or in conjunction with the local district attorney, to bring an action to enjoin the outpatient setting's operation, as specified.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 2023.5 of the Business and Professions Code is amended to read:

2023.5. (a) The board, in conjunction with the Board of Registered Nursing, and in consultation with the Physician Assistant Committee and professionals in the field, shall review issues and problems surrounding the use of laser or intense light pulse devices for elective cosmetic procedures by physicians and surgeons, nurses, and physician assistants. The review shall include, but need not be limited to, all of the following:

(1) The appropriate level of physician supervision needed.

(2) The appropriate level of training to ensure competency.

(3) Guidelines for standardized procedures and protocols that address, at a minimum, all of the following:

(A) Patient selection.

(B) Patient education, instruction, and informed consent.

(C) Use of topical agents.

(D) Procedures to be followed in the event of complications or side effects from the treatment.

(E) Procedures governing emergency and urgent care situations.

(b) On or before January 1, 2009, the board and the Board of Registered Nursing shall promulgate regulations to implement changes determined to be necessary with regard to the use of laser or intense pulse light devices for elective cosmetic procedures by physicians and surgeons, nurses, and physician assistants.

(c) On or before January 1, 2013, the board shall adopt regulations regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures. However, these regulations shall not apply to laser or intense pulse light devices approved by the federal Food and Drug Administration for over-the-counter use by a health care practitioner or by an unlicensed person on himself or herself.

(d) Nothing in this section shall be construed to modify the prohibition against the unlicensed practice of medicine.

SEC. 2. Section 1248 of the Health and Safety Code is amended to read:

1248. For purposes of this chapter, the following definitions shall apply:

(a) "Division" means the Medical Board of California. All references in this chapter to the division, the Division of Licensing of the Medical Board of California, or the Division of Medical Quality shall be deemed to refer

to the Medical Board of California pursuant to Section 2002 of the Business and Professions Code.

(b) (1) "Outpatient setting" means any facility, clinic, unlicensed clinic, center, office, or other setting that is not part of a general acute care facility, as defined in Section 1250, and where anesthesia, except local anesthesia or peripheral nerve blocks, or both, is used in compliance with the community standard of practice, in doses that, when administered have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes.

(2) "Outpatient setting" also means facilities that offer in vitro fertilization, as defined in subdivision (b) of Section 1374.55.

(3) "Outpatient setting" does not include, among other settings, any setting where anxiolytics and analgesics are administered, when done so in compliance with the community standard of practice, in doses that do not have the probability of placing the patient at risk for loss of the patient's life-preserving protective reflexes.

(c) "Accreditation agency" means a public or private organization that is approved to issue certificates of accreditation to outpatient settings by the board pursuant to Sections 1248.15 and 1248.4.

SEC. 3. Section 1248.15 of the Health and Safety Code is amended to read:

1248.15. (a) The board shall adopt standards for accreditation and, in approving accreditation agencies to perform accreditation of outpatient settings, shall ensure that the certification program shall, at a minimum, include standards for the following aspects of the settings' operations:

(1) Outpatient setting allied health staff shall be licensed or certified to the extent required by state or federal law.

(2) (A) Outpatient settings shall have a system for facility safety and emergency training requirements.

(B) There shall be onsite equipment, medication, and trained personnel to facilitate handling of services sought or provided and to facilitate handling of any medical emergency that may arise in connection with services sought or provided.

(C) In order for procedures to be performed in an outpatient setting as defined in Section 1248, the outpatient setting shall do one of the following:

(i) Have a written transfer agreement with a local accredited or licensed acute care hospital, approved by the facility's medical staff.

(ii) Permit surgery only by a licensee who has admitting privileges at a local accredited or licensed acute care hospital, with the exception that licensees who may be precluded from having admitting privileges by their professional classification or other administrative limitations, shall have a written transfer agreement with licensees who have admitting privileges at local accredited or licensed acute care hospitals.

(iii) Submit for approval by an accrediting agency a detailed procedural plan for handling medical emergencies that shall be reviewed at the time of accreditation. No reasonable plan shall be disapproved by the accrediting agency.

(D) In addition to the requirements imposed in subparagraph (C), the outpatient setting shall submit for approval by an accreditation agency at the time of accreditation a detailed plan, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery that would place a patient at high risk for injury or harm or to govern emergency and urgent care situations. The plan shall include, at a minimum, that if a patient is being transferred to a local accredited or licensed acute care hospital, the outpatient setting shall do all of the following:

(i) Notify the individual designated by the patient to be notified in case of an emergency.

(ii) Ensure that the mode of transfer is consistent with the patient's medical condition.

(iii) Ensure that all relevant clinical information is documented and accompanies the patient at the time of transfer.

(iv) Continue to provide appropriate care to the patient until the transfer is effectuated.

(E) All physicians and surgeons transferring patients from an outpatient setting shall agree to cooperate with the medical staff peer review process on the transferred case, the results of which shall be referred back to the outpatient setting, if deemed appropriate by the medical staff peer review committee. If the medical staff of the acute care facility determines that inappropriate care was delivered at the outpatient setting, the acute care facility's peer review outcome shall be reported, as appropriate, to the accrediting body or in accordance with existing law.

(3) The outpatient setting shall permit surgery by a dentist acting within his or her scope of practice under Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code or physician and surgeon, osteopathic physician and surgeon, or podiatrist acting within his or her scope of practice under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or the Osteopathic Initiative Act. The outpatient setting may, in its discretion, permit anesthesia service by a certified registered nurse anesthetist acting within his or her scope of practice under Article 7 (commencing with Section 2825) of Chapter 6 of Division 2 of the Business and Professions Code.

(4) Outpatient settings shall have a system for maintaining clinical records.

(5) Outpatient settings shall have a system for patient care and monitoring procedures.

(6) (A) Outpatient settings shall have a system for quality assessment and improvement.

(B) Members of the medical staff and other practitioners who are granted clinical privileges shall be professionally qualified and appropriately credentialed for the performance of privileges granted. The outpatient setting shall grant privileges in accordance with recommendations from qualified health professionals, and credentialing standards established by the outpatient setting.

(C) Clinical privileges shall be periodically reappraised by the outpatient setting. The scope of procedures performed in the outpatient setting shall be periodically reviewed and amended as appropriate.

(7) Outpatient settings regulated by this chapter that have multiple service locations shall have all of the sites inspected.

(8) Outpatient settings shall post the certificate of accreditation in a location readily visible to patients and staff.

(9) Outpatient settings shall post the name and telephone number of the accrediting agency with instructions on the submission of complaints in a location readily visible to patients and staff.

(10) Outpatient settings shall have a written discharge criteria.

(b) Outpatient settings shall have a minimum of two staff persons on the premises, one of whom shall either be a licensed physician and surgeon or a licensed health care professional with current certification in advanced cardiac life support (ACLS), as long as a patient is present who has not been discharged from supervised care. Transfer to an unlicensed setting of a patient who does not meet the discharge criteria adopted pursuant to paragraph (10) of subdivision (a) shall constitute unprofessional conduct.

(c) An accreditation agency may include additional standards in its determination to accredit outpatient settings if these are approved by the board to protect the public health and safety.

(d) No accreditation standard adopted or approved by the board, and no standard included in any certification program of any accreditation agency approved by the board, shall serve to limit the ability of any allied health care practitioner to provide services within his or her full scope of practice. Notwithstanding this or any other provision of law, each outpatient setting may limit the privileges, or determine the privileges, within the appropriate scope of practice, that will be afforded to physicians and allied health care practitioners who practice at the facility, in accordance with credentialing standards established by the outpatient setting in compliance with this chapter. Privileges may not be arbitrarily restricted based on category of licensure.

(e) The board shall adopt standards that it deems necessary for outpatient settings that offer in vitro fertilization.

(f) The board may adopt regulations it deems necessary to specify procedures that should be performed in an accredited outpatient setting for facilities or clinics that are outside the definition of outpatient setting as specified in Section 1248.

(g) As part of the accreditation process, the accrediting agency shall conduct a reasonable investigation of the prior history of the outpatient setting, including all licensed physicians and surgeons who have an ownership interest therein, to determine whether there have been any adverse accreditation decisions rendered against them. For the purposes of this section, “conducting a reasonable investigation” means querying the Medical Board of California and the Osteopathic Medical Board of California to ascertain if either the outpatient setting has, or, if its owners are licensed

physicians and surgeons, if those physicians and surgeons have, been subject to an adverse accreditation decision.

(h) An outpatient setting shall be subject to the reporting requirements in Section 1279.1 and the penalties for failure to report specified in Section 1280.4.

SEC. 4. Section 1248.2 of the Health and Safety Code is amended to read:

1248.2. (a) Any outpatient setting may apply to an accreditation agency for a certificate of accreditation. Accreditation shall be issued by the accreditation agency solely on the basis of compliance with its standards as approved by the board under this chapter.

(b) The board shall obtain and maintain a list of accredited outpatient settings from the information provided by the accreditation agencies approved by the board, and shall notify the public, by placing the information on its Internet Web site, whether an outpatient setting is accredited or the setting's accreditation has been revoked, suspended, or placed on probation, or the setting has received a reprimand by the accreditation agency.

(c) The list of outpatient settings shall include all of the following:

(1) Name, address, and telephone number of any owners, and their medical license numbers.

(2) Name and address of the facility.

(3) The name and telephone number of the accreditation agency.

(4) The effective and expiration dates of the accreditation.

(d) Accrediting agencies approved by the board shall notify the board and update the board on all outpatient settings that are accredited.

SEC. 5. Section 1248.25 of the Health and Safety Code is amended to read:

1248.25. If an outpatient setting does not meet the standards approved by the board, accreditation shall be denied by the accreditation agency, which shall provide the outpatient setting notification of the reasons for the denial. An outpatient setting may reapply for accreditation at any time after receiving notification of the denial. The accreditation agency shall report within three business days to the board if the outpatient setting's certificate for accreditation has been denied.

SEC. 6. Section 1248.35 of the Health and Safety Code is amended to read:

1248.35. (a) Every outpatient setting which is accredited shall be inspected by the accreditation agency and may also be inspected by the Medical Board of California. The Medical Board of California shall ensure that accreditation agencies inspect outpatient settings.

(b) Unless otherwise specified, the following requirements apply to inspections described in subdivision (a).

(1) The frequency of inspection shall depend upon the type and complexity of the outpatient setting to be inspected.

(2) Inspections shall be conducted no less often than once every three years by the accreditation agency and as often as necessary by the Medical Board of California to ensure the quality of care provided.

(3) The Medical Board of California or the accreditation agency may enter and inspect any outpatient setting that is accredited by an accreditation agency at any reasonable time to ensure compliance with, or investigate an alleged violation of, any standard of the accreditation agency or any provision of this chapter.

(c) If an accreditation agency determines, as a result of its inspection, that an outpatient setting is not in compliance with the standards under which it was approved, the accreditation agency may do any of the following:

(1) Require correction of any identified deficiencies within a set timeframe. Failure to comply shall result in the accrediting agency issuing a reprimand or suspending or revoking the outpatient setting's accreditation.

(2) Issue a reprimand.

(3) Place the outpatient setting on probation, during which time the setting shall successfully institute and complete a plan of correction, approved by the board or the accreditation agency, to correct the deficiencies.

(4) Suspend or revoke the outpatient setting's certification of accreditation.

(d) (1) Except as is otherwise provided in this subdivision, before suspending or revoking a certificate of accreditation under this chapter, the accreditation agency shall provide the outpatient setting with notice of any deficiencies and the outpatient setting shall agree with the accreditation agency on a plan of correction that shall give the outpatient setting reasonable time to supply information demonstrating compliance with the standards of the accreditation agency in compliance with this chapter, as well as the opportunity for a hearing on the matter upon the request of the outpatient setting. During the allotted time to correct the deficiencies, the plan of correction, which includes the deficiencies, shall be conspicuously posted by the outpatient setting in a location accessible to public view. Within 10 days after the adoption of the plan of correction, the accrediting agency shall send a list of deficiencies and the corrective action to be taken to the board. The accreditation agency may immediately suspend the certificate of accreditation before providing notice and an opportunity to be heard, but only when failure to take the action may result in imminent danger to the health of an individual. In such cases, the accreditation agency shall provide subsequent notice and an opportunity to be heard.

(2) If an outpatient setting does not comply with a corrective action within a timeframe specified by the accrediting agency, the accrediting agency shall issue a reprimand, and may either place the outpatient setting on probation or suspend or revoke the accreditation of the outpatient setting, and shall notify the board of its action. This section shall not be deemed to prohibit an outpatient setting that is unable to correct the deficiencies, as specified in the plan of correction, for reasons beyond its control, from voluntarily surrendering its accreditation prior to initiation of any suspension or revocation proceeding.

(e) The accreditation agency shall, within 24 hours, report to the board if the outpatient setting has been issued a reprimand or if the outpatient

setting's certification of accreditation has been suspended or revoked or if the outpatient setting has been placed on probation.

(f) The accreditation agency, upon receipt of a complaint from the board that an outpatient setting poses an immediate risk to public safety, shall inspect the outpatient setting and report its findings of inspection to the board within five business days. If an accreditation agency receives any other complaint from the board, it shall investigate the outpatient setting and report its findings of investigation to the board within 30 days.

(g) Reports on the results of any inspection shall be kept on file with the board and the accreditation agency along with the plan of correction and the comments of the outpatient setting. The inspection report may include a recommendation for reinspection. All final inspection reports, which include the lists of deficiencies, plans of correction or requirements for improvements and correction, and corrective action completed, shall be public records open to public inspection.

(h) If one accrediting agency denies accreditation, or revokes or suspends the accreditation of an outpatient setting, this action shall apply to all other accrediting agencies. An outpatient setting that is denied accreditation is permitted to reapply for accreditation with the same accrediting agency. The outpatient setting also may apply for accreditation from another accrediting agency, but only if it discloses the full accreditation report of the accrediting agency that denied accreditation. Any outpatient setting that has been denied accreditation shall disclose the accreditation report to any other accrediting agency to which it submits an application. The new accrediting agency shall ensure that all deficiencies have been corrected and conduct a new onsite inspection consistent with the standards specified in this chapter.

(i) If an outpatient setting's certification of accreditation has been suspended or revoked, or if the accreditation has been denied, the accreditation agency shall do all of the following:

(1) Notify the board of the action.

(2) Send a notification letter to the outpatient setting of the action. The notification letter shall state that the setting is no longer allowed to perform procedures that require outpatient setting accreditation.

(3) Require the outpatient setting to remove its accreditation certification and to post the notification letter in a conspicuous location, accessible to public view.

(j) The board may take any appropriate action it deems necessary pursuant to Section 1248.7 if an outpatient setting's certification of accreditation has been suspended or revoked, or if accreditation has been denied.

SEC. 7. Section 1248.5 of the Health and Safety Code is amended to read:

1248.5. The board shall evaluate the performance of an approved accreditation agency no less than every three years, or in response to complaints against an agency, or complaints against one or more outpatient settings accreditation by an agency that indicates noncompliance by the agency with the standards approved by the board.

SEC. 8. Section 1248.7 of the Health and Safety Code is amended to read:

1248.7. (a) The board shall investigate all complaints concerning a violation of this chapter. With respect to any complaints relating to a violation of Section 1248.1, or upon discovery that an outpatient setting is not in compliance with Section 1248.1, the board shall investigate and, where appropriate, the board, through or in conjunction with the local district attorney, shall bring an action to enjoin the outpatient setting's operation. The board or the local district attorney may bring an action to enjoin a violation or threatened violation of any other provision of this chapter in the superior court in and for the county in which the violation occurred or is about to occur. Any proceeding under this section shall conform to the requirements of Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, except that the Division of Medical Quality shall not be required to allege facts necessary to show or tending to show lack of adequate remedy at law or irreparable damage or loss.

(b) With respect to any and all actions brought pursuant to this section alleging an actual or threatened violation of any requirement of this chapter, the court shall, if it finds the allegations to be true, issue an order enjoining the person or facility from continuing the violation. For purposes of Section 1248.1, if an outpatient setting is operating without a certificate of accreditation, this shall be prima facie evidence that a violation of Section 1248.1 has occurred and additional proof shall not be necessary to enjoin the outpatient setting's operation.

SEC. 9. Section 1248.85 of the Health and Safety Code is amended to read:

1248.85. This chapter shall not preclude an approved accreditation agency from adopting additional standards consistent with Section 1248.15, establishing procedures for the conduct of onsite inspections, selecting onsite inspectors to perform accreditation onsite inspections, or establishing and collecting reasonable fees for the conduct of accreditation onsite inspections.

SEC. 10. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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Registered Nurse and Advanced Practice Nurses

Proposed Regulations: Physician Availability: Elective Cosmetic Procedures

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Legislation enacted during 2011 Session

Senate Bill 100, (Price), Chapter 645 Section Affected: Adopt Section 1364.50 in Article 10, of Chapter 2, Division 13, of Title 16.

This bill amended Section 2023.5 of the Business and Professions Code to add subdivision (c), which requires the Medical Board of California (Board) to adopt regulations on the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic surgery. However, these regulations shall not apply to laser or intense pulse light devices approved by Federal Food and Drug Administration for over-the-counter use by health care practitioners or by unlicensed person on himself or herself.

Medical Board of California
Physician Availability: Elective Cosmetic Procedures
Specific Language of Proposed Changes

Add Section 1364.50 in Article 10, of Chapter 2, Division 13, of Title 16 of the California Code of Regulations to read as follows:
Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician with relevant training and expertise shall be immediately available to the provider. For the purposes of this section, “immediately available” means contactable by electronic or telephonic means without delay, interruptible, and able to furnish appropriate assistance and direction throughout the performance of the procedure and to inform the patient of provisions for post procedure care. Such provisions shall be contained in the licensed health care provider’s standardized procedures and protocols.

The status of the regulation is that it is in approval process.

BOARD OF REGISTERED NURSING
NURSING PRACTICE COMMITTEE

2013/2014 GOALS AND OBJECTIVES

GOAL 1	**In support of the consumers' right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.**
Objective 1.1	Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.
GOAL 2	**Promote patient safety as an essential and vital component of quality nursing care.**
Objective 2.1	Engage and dialogue with recognized national experts in supporting patient safety in what individuals and organizations have done and what remains to be done. For example, just culture and root cause analysis, failure mode and effect analysis, human factor and systems factor.
Objective 2.2	Monitor patient and resident safety activities as a component of quality nursing care such as health care errors, competency, patient outcomes, stakeholders, nursing shortage, ethics, lifelong learning, nursing standards, licensure, safety legislation, and magnet hospitals.
GOAL 3	**Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.**
Objective 3.1	Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.
GOAL 4	**Identify and implement strategies to impact identified trends and issues.**
Objective 4.1	Provide timely written and/or verbal input on proposed regulations related to health care policies affecting nursing care.
Objective 4.2	Collaborate with the Education/Licensing Committee on educational issues/trends and the Legislative Committee on legislation pertaining to nursing practice.
Objective 4.3	Review and revise current BRN advisory statements and recommend new advisory statements as needed to clarify standards of nursing practice.

GOAL 5	**Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.**
Objective 5.1	Support and promote full utilization of advanced practice nurses.
Objective 5.2	Monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention, and managing patients through the continuum of care.
Objective 5.3	Actively participate with organizations and agencies focusing on advanced practice nursing.
Objective 5.4	In collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice educational program directors, professional organizations, state agencies and other groups.